

POOR QUALITY ORIGINAL

Case: 2:16-cv-13876

Judge: Friedman, Bernard A.

MJ: Stafford, Elizabeth A.

Filed: 10-31-2016 At 02:01 PM

PR REEDY V. WEST ET AL (NA)

MIED (Rev. 2/07) Prisoner Civil Rights Complaint

**Official Use Only**

Case Number

Judge

Magistrate Judge

**PRISONER CIVIL RIGHTS COMPLAINT**

*This form is for use by state prisoners filing under 42 U.S.C. § 1983 and federal prisoners filing pursuant to Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971).*

**Plaintiff's Information**

Name

David Reedy

Prisoner No.

228995

Place of Confinement

Gus Harrison Correctional Facility

Street

2727 East Beecher

City

Adrian

State

Michigan

Zip Code

49221

Are there additional plaintiffs?

☐ Yes☒ No

*If yes, any additional plaintiffs to this action should be listed on a separate 8½" x 11" sheet of paper and securely attached to the back of this complaint. You must provide names, prisoner numbers and addresses for all plaintiffs.*

**Defendant's Information**

Name

Michael West

Position

ARUS

Street/P.O. Box

Gus Harrison Correctional Facility  
2727 E. Beecher St.

City

Adrian

State

MI

Zip Code

49221

Are you suing this defendant in his/her:

☐ Personal Capacity☐ Official Capacity☒ Both  
Capacities

Are you suing more than one defendant?

☒ Yes☐ No

*If yes, any additional defendants to this action should be listed on a separate 8½" x 11" sheet of paper and securely attached to the back of this complaint. You must provide their names, positions, current addresses and the capacity (personal, official or both) in which you are suing them.*

MIED (Rev. 2/07) Prisoner Civil Rights Complaint

### I. PREVIOUS LAWSUITS

Have you filed any other lawsuits in state or federal court relating to your imprisonment?

☐ Yes

☒ No

If "Yes," complete the following section. If "No," proceed to Part II.

Please list all prior civil actions or appeals that you have filed in federal court while you have been incarcerated.

Docket or Case Number: NONE

Name of Court: NONE

Parties (Caption or Name of Case): NONE

Disposition: NONE

Docket or Case Number: NONE

Name of Court: NONE

Parties (Caption or Name of Case): NONE

Disposition: NONE

MIED (Rev. 2/07) Prisoner Civil Rights Complaint

## II. STATEMENT OF FACTS

On or about June 18, 2016, I spoke to ARUS Wade about the threats against my life made by my cell-mate. I subsequently made ARUS West and C/O Houser and C/O Lennox aware of the threats. I was told by ARUS Wade that he would take care of it. Weeks later, after nothing had been done to address the situation, I told ARUS West that I was in fear for my safety due to the threats against my life, and to please move me to another cell. I was told by ARUS West to "deal with it." I also brought the matter to the attention of the housing unit officers, those being C/O Lennox on 1<sup>st</sup> shift, and C/O Houser on 2<sup>nd</sup> shift. C/O Lennox not only ignored my request to be removed from the situation, but his response was: "We're going to see who'll be fucking who!" He laughed as he said this and completely ignored me from that point on. As my cell-mate's aggression towards me was becoming increasingly more pronounced, I voiced my concerns to 2<sup>nd</sup> shift C/O Houser and was told by him that he'd look into it. After still not having anything done by defendants Wade, West, Houser, and Lennox, I specifically told RUM Martin about threats and my fear for my safety and was told: "We'll get back with you."

On July 19, 2016, my cell-mate told ARUS West that "if y'all don't move this mutherfucker I'm gonna do what I gotta do!" At this point, I literally begged to be moved for fear that my cell-mate would act on his threats. I returned to my cell and went to sleep hoping that something would be done now that defendants had been made aware of the seriousness of the situation. On July 20, 2016, at about 3:30 a.m., I was attacked by my cell-mate with a lock and seriously injured. I was unconscious and had been brutally assaulted. I was flown by helicopter to the University of Michigan where I went into seizure. I had several tubes in me when I woke up in the hospital and was covered in blood. The medical records show that my injuries included not only physical disfigurement, but also psychological damage as well. I continue to suffer from migraine headaches, insomnia, and PTSD. While in the hospital, my emergency contact was never notified of my situation. It was only after my return to prison, when I was able to contact my family myself, that they became aware of the fact that I had been severely injured and at one point pronounced dead. I continue to receive medical treatment for the injuries I sustained. My ex-cellmate was interviewed by the Michigan State Police, and according to information that I've received, he admitted to assaulting me after informing defendants of the situation between us and having nothing done about it.

**III. RELIEF**

I would like the Court to serve this complaint for violation of my Constitutional rights under the Eighth and Fourteenth Amendments on defendants in this case, and upon a finding of liability, to Grant me compensatory and punitive damages, or other equitable relief in an amount the Court deems equitable and just.

**I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.**

Executed on:

10-14-16  
David L. Reed #228945  
Plaintiff in pro per

, 2016

**NOTICE**

This document was prepared with the assistance of a non-attorney prisoner assigned to the Legal Writer Program with the Michigan Department of Corrections.

**ATTACHMENT A**  
**(ADDITIONAL DEFENDANTS)**

## ADDITIONAL DEFENDANTS

**Defendant's Information**

**Name**  
Unknown Wade

**Position**  
ARUS

**Street/P.O. Box**  
Gus Harrison Correctional Facility  
2727 E. Beecher St.

**City**  
Adrian

**State**  
MI

**Zip Code**  
49221

Are you suing this defendant in his/her:

☐ Personal Capacity

☐ Official Capacity

☒ Both Capacities

**Defendant's Information**

**Name**  
Unknown Martin

**Position**  
RUM

**Street/P.O. Box**  
Gus Harrison Correctional Facility  
2727 E. Beecher St.

**City**  
Adrian

**State**  
MI

**Zip Code**  
49221

Are you suing this defendant in his/her:

☐ Personal Capacity

☐ Official Capacity

☒ Both Capacities

**Defendant's Information**

**Name**  
Paul Klee

**Position**  
Warden

**Street/P.O. Box**  
Gus Harrison Correctional Facility  
2727 E. Beecher St.

**City**  
Adrian

**State**  
MI

**Zip Code**  
49221

Are you suing this defendant in his/her:

☐ Personal Capacity

☐ Official Capacity

☒ Both Capacities

**Defendant's Information**

**Name**  
Unknown Lennox

**Position**  
1<sup>st</sup> shift RUO

**Street/P.O. Box**  
Gus Harrison Correctional Facility  
2727 E. Beecher St.

**City**  
Adrian

**State**  
MI

**Zip Code**  
49221

Are you suing this defendant in his/her:

☐ Personal Capacity

☐ Official Capacity

☒ Both Capacities

**Defendant's Information**

**Name**  
Unknown Houser

**Position**  
2<sup>nd</sup> shift RUO

**Street/P.O. Box**  
Gus Harrison Correctional Facility  
2727 E. Beecher St.

**City**  
Adrian

**State**  
MI

**Zip Code**  
49221

Are you suing this defendant in his/her:

☐ Personal Capacity

☐ Official Capacity

☒ Both Capacities

**ATTACHMENT B**  
(STEP I, II, and III GRIEVANCES and RESPONSES)

MICHIGAN DEPARTMENT OF CORRECTIONS  
**PRISONER/PAROLEE GRIEVANCE FORM**

4835-4247 10/94  
 CSJ-247A

Date Received at Step I \_\_\_\_\_ Grievance Identifier: \_\_\_\_\_

**Be brief and concise in describing your grievance issue.** If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date

What attempt did you make to resolve this issue prior to writing this grievance? On what date? \_\_\_\_\_  
 If none, explain why.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

\_\_\_\_\_  
 Grievant's Signature

RESPONSE (Grievant Interviewed? ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature \_\_\_\_\_ Date \_\_\_\_\_ Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Respondent's Name (Print) \_\_\_\_\_ Working Title \_\_\_\_\_ Reviewer's Name (Print) \_\_\_\_\_ Working Title \_\_\_\_\_

Date Returned to Grievant:	If resolved at Step I, Grievant sign here. Resolution must be described above.	Grievant's Signature _____	Date _____
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DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant



2 of 3

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247ADate Received at Step I \_\_\_\_\_ Grievance Identifier: ARF116018 117116 12841**Be brief and concise in describing your grievance issue.** If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>REEDY DAVID</u>	<u>270995</u>	<u>A.R.F.</u>	<u>202-A1</u>	<u>7-23-16</u>	<u>7-25-16</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 6-18-16  
If none, explain why.

Over the course of the past two months, I made repeated requests for a room change to ARUS Wade, ARUS West, Warden Klee, RUM Martin, and the first and second shift RUOs.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

The parties being grieved herein are: (1) Warden Klee; (2) RUM Martin; (3) ARUS Wade, and; (4) ARUS West for their willful violations of the Eighth and Fourteenth Amendments to the U.S. Constitution, Administrative Rule 791.2205(1)(g), P.D. 03.03.130(I)(1-3), and P.D. 03.03.130(K)(3).

On numerous occasions, I spoke directly to the grieved parties with respect to the necessity of assigning me to another cell, as the prisoner who was jointly assigned to my cell was becoming increasingly menacing and hostile toward me. All of the grieved parties refused to take any action whatsoever in this matter.

At approximately 055 hrs on 7/18/2016, I was asleep when the prisoner who was jointly assigned to the cell attempted to kill me by beating me on or about the head and face with a combination lock that he had placed inside of a sock. As a result of this unprovoked assault, I sustained

David L. Reedy  
Grievant's Signature

\*\*\*\*\*Continued on additional page\*\*\*\*\*

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

See Page 1

[Signature]  
Respondent's Signature

B. Evers  
Respondent's Name (Print)

7.26/16  
Date

RUM  
Working Title

[Signature]  
Reviewer's Signature

Willie Brown  
Reviewer's Name (Print)

7/26/16  
Date

[Signature]  
Working Title

Date Returned to  
Grievant:

If resolved at Step I, Grievant sign here.  
Resolution must be described above.

See page 1 for signature.  
Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

Cont. of grievance

numerous physical and psychological injuries, including, but not limited to, disfigurement, migraine headaches, insomnia, and post traumatic stress syndrome.

The Eighth Amendment to the U.S. Constitution imposes upon prison officials an affirmative duty to protect prisoners from assault by other prisoners. The grieyed parties were deliberately indifferent to my constitutional rights and personal safety by their individual and collective failures to adequately address the necessity of assigning me to a different cell upon being apprised of the threat to my personal safety. Warden Klee failed to "[e]nsure that department standards of safety, security, and humane treatment [were] met[]" in my case. Rule 791.2205(1)(f). Warden Klee and ARUS Wade acted in willful non-compliance with P.D. 03.03.130(1)(1-3) by: (1) failing to identify my assailant as "assaultive [and] predatory"; (2) failing to make the requested change of cell assignment when there was the need to do so "for [the] good order of the housing unit," and; (3) failed to provide me with "reasonable safety from assault[]." Moreover, the grieyed parties failed to ensure that I was placed in the proper security level (Level I). Had I been housed at my proper security level, I would not have been subject to an assault from the assailant prisoner.

Because of the conduct of the grieyed parties as described herein, I have suffered severe and possibly life-long trauma to my person and psyche, which could have been avoided by the simple expedient of a cell change. Warden Klee and ARUS Wade must be terminated for their deliberate indifference to my personal safety.

**STEP II PRISONER GRIEVANCE RESPONSE**

Prisoner Name Reedy	Number 228995	Institution ARF	Lock D-142	Date of Incident 07/26/2016
Respondent Ricumstrict	Title Deputy Warden	Date 08/24/16	Grievance Identifier ARF1608180028J	

After review of the attached grievance it has been determined that this grievance is duplicative in nature. Prisoners course of action is to file at the next step.

This Grievance is considered resolved at Step II.

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09  
CSJ-247B**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**Date Received by Grievance Coordinator  
at Step II: 8-17-16

Grievance Identifier:

ARF-S-16-08-17-16-28A

**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED - MDOC

AUG 26 2016

Office of Legal Affairs

If you should decide to appeal the Step I grievance response to Step II, your appeal must be received by the Office of Legal Affairs by 8-18-16. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
REEDY DAVID	228995	ARF-S	D-142-B	7-20-16	8-16-16

**STEP II — Reason for Appeal** AT WHICH TIME I DID NOT ACCEPT STEP ONE RESPONSE AS DUPLICATION ON NUMEROUS OCCASIONS, I SPOKE DIRECTLY TO THE GRIEVED PARTIES WITH RESPECT TO THE NECESSITY OF ASSIGNING ME TO ANOTHER CELL, AS THE PRISONER WHO WAS JOINTLY ASSIGNED TO MY CELL WAS BECOMING INCREASINGLY MENACING AND HOSTILE TOWARD ME THE STAFF'S MEMBER HERE COULD HAVE STOPPED THIS ASSAULT UNDER PD-03.03. 130(I) (1-3); **FOR THEIR WILLFUL VIOLATION OF EIGHT AND FOURTEENTH AMENDMENT TO US CONSTITUTIONAL ADMIN RULE 791. 2205 (1)(A) AND PD-01-04.110 (A)(C).** I WON'T ALLOW STAFF'S MEMBER WHO COULD HAVE PREVENTED THIS ASSAULT AGAINST ME BE TERMINATED FROM THEIR JOB DUTY'S UNDER M.D.O.C WORK RULE'S BY THEM NOT FOLLOWING POLICY OR RULE.

**STEP II — Response**Date Received by  
Step II Respondent:

D. Armstrong D. A. J. 8-18-16  
Respondent's Name (Print) Respondent's Signature Date

Date Returned to  
Grievant: 8-19-16

**STEP III — Reason for Appeal** AT WHICH TIME I DID NOT ACCEPT STEP ONE FINDING. THIS GRIEVANCE IS NOT DUPLICATION. ONE GRIEVANCE IS ABOUT MY SECURITY LEVEL THE OTHER GRIEVANCE IS ABOUT ASSAULT (PLEASE SEE ARF-S-2016-071672-03B AND UNSIGN GRIEVANCE AS EXHIBIT A) AT ARF-S ADMIN STAFF'S HAVE SHOWN CORRUPTION INTO THIS INVESTIGATION IN VIOLATION POLICY DIRECTIVE 03.02.130 I AM REQUESTING A SERIOUS INVESTIGATION FROM THE LEGAL AFFAIRS. I HOPE THE ATTORNEY AFFAIRS DO LET DOWN LIKE ARF-S STAFF'S ADMIN DID HERE. I LIKE TO DIE IN THAT CELL ON 7/20/16, WITHOUT ASSISTANCE OF STAFF'S YOU CAN CHECK MY MEDICAL RECORD'S.

**NOTE: Only a copy of this appeal and the response will be returned to you.**

**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant

**DAVID REEDY #228995**

GUS HARRISON CORRECTIONAL FACILITY  
2727 EAST BEECHER  
ADRIAN, MICHIGAN 49221

DATED: 10-14, 2016

Clerk,  
United States District Court for the Eastern District of Michigan  
Theodore Levin U.S. Courthouse  
231 W. Lafayette Boulevard, Fifth Floor  
Detroit, MI 48226

RE: 42 U.S.C § 1983 Complaint

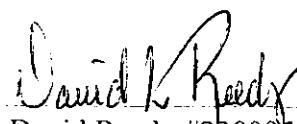
Dear Clerk:

Enclosed for filing, please find the original and one copy of the following:

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 42 U.S.C § 1983 Complaint  |
| <input type="checkbox"/>            | \$350.00 filing fee  |
| <input checked="" type="checkbox"/> | Application For Prisoner to Proceed Without Prepayment of Fees or Costs        |
| <input checked="" type="checkbox"/> | Certified Prisoner Account Statement   |
| <input checked="" type="checkbox"/> | Attached documents showing exhaustion of all available administrative remedies |
| <input checked="" type="checkbox"/> | Attachments, additional pages added to Complaint, and/or exhibits              |

Thank you in advance for your time and consideration in this matter.

Sincerely,

 #228995  
David Reedy #228995 - In Pro Se

Encl  
cc: File

NOTICE

This document was prepared with the assistance of a non-attorney prisoner assigned to the Legal Writer Program with the Michigan Department of Corrections.

DAVID NELSON  
JOS HARRISON CORRECTIONAL FACILITY  
1727 E. BEGGLES STREET  
ADRIAN, MI 49221

CLERK OF THE COURT  
U.S. DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN  
THOMAS LEVIN U.S. COURTHOUSE  
231 W. LAFAYETTE BLVD, FIFTH FLOOR  
DETROIT, MI 48226

*Handwritten signature*

CLERK'S OFFICE  
DETROIT  
OCT 31 2016



**CIVIL COVER SHEET FOR PRISONER CASES**

<b>Case No.</b> <u>16-13876</u>		<b>Judge:</b> <u>Bernard A. Friedman</u>		<b>Magistrate Judge:</b> <u>Elizabeth A. Stafford</u>	
<b>Name of 1<sup>st</sup> Listed Plaintiff/Petitioner:</b> David Reedy			<b>Name of 1<sup>st</sup> Listed Defendant/Respondent:</b> Michael West et al		
<b>Inmate Number:</b> 228995			<b>Additional Information:</b>		
<b>Plaintiff/Petitioner's Attorney and Address Information:</b>					
<b>Correctional Facility:</b> Gus Harrison Correctional Facility 2727 E. Beecher Street Adrian, MI 49221 LENAWEE COUNTY					

**BASIS OF JURISDICTION**

- ☐ 2 U.S. Government Defendant  
☒ 3 Federal Question

**ORIGIN**

- ☒ 1 Original Proceeding  
☐ 5 Transferred from Another District Court  
☐ Other:

**NATURE OF SUIT**

- ☐ 530 Habeas Corpus  
☐ 540 Mandamus  
☒ 550 Civil Rights  
☐ 555 Prison Conditions

**FEE STATUS**

- ☒ IFP *In Forma Pauperis*  
☐ PD Paid

**PURSUANT TO LOCAL RULE 83.11****1. Is this a case that has been previously dismissed?**

- ☐ Yes      ☒ No

➤ If yes, give the following information:

Court: \_\_\_\_\_

Case No: \_\_\_\_\_

Judge: \_\_\_\_\_

**2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)**

- ☐ Yes      ☒ No

➤ If yes, give the following information:

Court: \_\_\_\_\_

Case No: \_\_\_\_\_

Judge: \_\_\_\_\_